



## CONTACT INFORMATION FOR PERMIT APPLICATION

Dear Applicant:

Please complete the following information. Your email address is required so you can be notified on the status of your plans.

First Name: (PRINT CLEARLY) KARINA Last Name: (PRINT CLEARLY) FALCON

Cellular Number: 786-973-5337 Office/Home Number: ✓

EMAIL Address: KARINA.FALCON@GMAIL.COM

Comments:

Rework 331469.

If you are submitting a municipal plan, please provide the municipal process number(s) and ensure the municipal application is in the office set of plans \_\_\_\_\_

## PLEASE INDICATE IF PLANS ARE

- ☐ GOV'T PROJECT/ DEPT \_\_\_\_\_ ☐ GREEN BLDG (NEW CONSTRUCTION ONLY)\*  
☐ AFFORDABLE/ WORKFORCE HOUSING\* ☐ ECONOMIC SIGNIFICANCE\*

(\*Pursuant to Ordinance 99-140; Ordinance 05-115; and Ordinance 08-51. Project may have additional requirements.)

## REQUESTED REVIEWS

- ☐ ALL ☒ BLDG ☐ DERM ☐ ELEC ☐ ENRG ☐ FIRE  
☐ HCAP ☐ LANDSCAPING ☐ MECH ☒ PLUM ☐ PWKS ☐ PWCC  
☐ ROOF ☐ SIGN ☐ STRU ☐ ZNPR ☐ WASD ☒ PWIF  
☐ PERMIT BY AFFIDAVIT CHECK ☐ SHORT TERM EVENT AFFIDAVIT CHECK ☐ OPTIONAL PLAN REVIEW  
HRS ☐ BLDG ☐ ELEC ☐ MECH ☐ PLUM ☐ STRU

## -FOR OFFICE USE ONLY-

TO BE COMPLETED BY BUILDING AND OCCUPANCY REPRESENTATIVE OR PLANS PROCESSING SPECIALIST:

Application Date: 04/16 Clerk Name: Unita Arrival Time: 306

Miami Dade County Department of Regulatory And Economic Resources - Job Copy

Process No(s): 02015162484

C.S.06282016.FDF

☐ Re-Issue

☐ Plan Revision

☒ Rework

☐ Shop Drawing